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APPLICANTS

Lynetta J. Freeman, West Chester, OH;  
 Susan Roweton, Raleigh, NC;  
 Ben Walthall, Whitehouse Station, NJ; Kien T. Nguyen, Doylestown, PA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 5	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 2
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged                      Examiner's Signature                      Initials

ADDRESS  
 26874  
 FROST BROWN TODD, LLC  
 2200 PNC CENTER  
 201 E. FIFTH STREET  
 CINCINNATI, OH  
 45202

TITLE  
 Collagen matrix for soft tissue augmentation

FILING FEE  RECEIVED 1076	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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